

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012263

STATE FILE NUMBER

FILED APR 20 1959

Registration District No.

30

Primary Registration District No.

5102

Registrar's No.

14

300
1-57

1. PLACE OF DEATH a. COUNTY Benton Co., Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fristoe Town Ship		c. CITY OR TOWN Rural Rt. 3	
c. FULL NAME OF (If NOT in hospital, give location) Family Home		d. STREET ADDRESS (If outside, give location) Warsaw Mo.	
3. NAME OF DECEASED (Type or print) First Bessie Middle May Last Hudson		4. DATE OF DEATH Month 4 Day 10 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 10 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (City and state or country) Graham Texas	
13a. FATHER'S NAME Jess Helton		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs Hazel Pleton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ileus and generalized Purulent Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Spontaneous Perforation of Sigmoid colon DUE TO (c) Primary Cancer of Sigmoid Colon PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533		INTERVAL BETWEEN ONSET AND DEATH 2 wks 2 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:00 PM Month, Day, Year		20f. CITY, TOWN, OR LOCATION Warsaw, Mo.	
21. I attended the deceased from April 1959 to April, 10, 1959 saw her alive on April, 5, 1959 Death occurred at 7:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 4/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 13, 1959	
23c. NAME OF CEMETERY OR CREMATORY CrossTimbersCemetery		23d. LOCATION (City, town, or county) (State) Gross Timbers Missouri	
24. FUNERAL DIRECTOR John F Reser		25. DATE RECD. BY LOCAL REG. Apr. 13. 1959	
26. REGISTRAR'S SIGNATURE Jas. A. Logan			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John H. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.